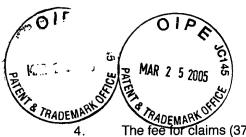


Attorney Docket No.: TRAN-P059

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Thereby of bearing F of deposit	irst Člass P	nis transmittal of the below des ostage and addressed to the C	cribed document is being commissioner for Patents	P.O. Box 1450,	Alexandria, VA 22313-14	450, on the below date		
Date of Deposit:	03/22/	05 Name of Person Making the Deposit:	KATHERINE RINALI	Signature of Making the	of the Person Path W	un Reneld.		
In re Ap	oplication	of: Andrew Read, San	neer Halapete and	Keith Klayma	an			
Applica	ıtion No.	09/694,433	Examiner: CAO,	CHUN				
Filed:		10/23/00	Art Unit: 2185					
Confirm	nation No	o.: 3072						
	AVING E	POWER WHEN IN OR	TRANSITIONING	TO A STAT	IC MODE OF A P	ROCESSOR		
P.O. B	ox 1450	or Patents 22313-1450						
Alexan	ulia, VA	22313-1450	<u>AMENDMENT</u>	TRANSMIT	TAL			
1.	Transm	itted herewith is an am	endment for this ap	plication				
((29	d herewith is a respons sheets) d herewith are	e to an office actio		·	t application.		
x IDS, Form 1449 and fee of \$180.00					03/28/2005 MWDLDGE1 00000043 09694433			
<u>x</u> R	elerence	is (5)			01 /C:1253	1020.00 Th		
2.	Applica	nt is other than a small	entity		102 FC:1201 103 FC:1202	630 -00 -07		
			Extension of	of Term	1			
3.	The pro	ceedings herein are fo	r a patent application	on and the p	rovisions of 37 C.F.	.R. 1.136 apply.		
(a)	[X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)							
		Extension [] one month [] two months [X] three mor [] four months	aths S	Fee \$120.00 \$450.00 \$1,020.00 \$1,590.00 Fee \$ 1,02				
If on a	Iditional :	outonoion of times is as a						
		extension of time is req		·				
(b)	[]	Applicant believes that being made to provide need for a petition for	for the possibility t					

1 of 2



Attorney Docket No.: TRAN-P059

Fee Calculation

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total					
Total Claims	37	- 20 =	17	x \$50.00	\$850.00					
Independent Claims	12	- 8 =	4	x \$200.00	\$800.00					
Multiple Dependent Claim Fee (one or more, first added by this \$300.00 amendment)										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [X] A check in the amount of \$2,850.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Confirmation No.: 45590

Respectfully submitted,

Date: 3/22/05

Ronald M. Pomerenke Reg. No. 43,009